

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1	1	1	1		
3		2		1		
4	1		1			
5		1		1		
6		2		1		
7	1		1			
8		1		1		
9	1		1			
10		1		1		
11		1		1		
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50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	6	←		←
TOTAL CLAIMS		[REDACTED]	11	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓				↓
TOTAL DEP.		←				←
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]